## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-969151 STATE FILE NUMBER Registration District No. DO NOT WRITE ON THIS STUB **AMENDED** <del>.E.D. FEB 1 9 1963</del> 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY Missour COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b ırc. ÇITY -Inside Limits ----St.Louis L-days TOWN TOWN Yes D No St.Louis c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm ш HOSPITAL OR ADDRESS K Yes X No 🗆 2629 So. 7th St. INSTITUTION Lutheran Hospital Yes 🗀 No 🏋 2 3. NAME OF DECEASED Middle Last 4. DATE Month Dav Year (Type or print) 1963 DEATH February Minnie Nill 6. 9. AGE (lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 8. DATE OF BIRTH 6. COLOR OR RACE 7. Married [] Never Married | 5. SEX Months Hours Widowed 😭 Divorced [7] White Female 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) St.Louis, Missouri U.S.A. Hager-Hinge Matron **₹0110**8 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE unknown Daniel Nill John Reifschneider 16. SOCIAL SECURITY NO. 117. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) | (If yes, give war or dates of servi Lydia Intfeld-5335 West Ave. no ARE CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH DOCUMENT RECORD IMMEDIATE CAUSE (a) ö Conditions, if any, SST which pave rise to above causa (a), stating the under-DUE TO (c) cause last. PART III, if deceased PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Unknown 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 20a. ACCIDENT WAS AUTOPSY. PERFORMED? YES | NO 20c. TIME, OF, Hour Month, Day, Year RIBBON a.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK READ *TYPEWRITER* and last saw him alive or 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 6 22s. SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE FIDA REMOVAL (Specify) ġ St.Louis County Missouri

St.Paul's Churchyard

25. DATE RECD. BY LOCAL REG.

FEB

1963

10

11

13

Removal

24. FUNERAL DIRECTOR

WACKER-HELDERLE-363h Gravois Ave.

ITEM

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## STATEMENT BY LICENSED EMBALMER

or by			, Student Embalmer No
	ny personal supervision.		V. SAI CELL
Student	Signature of Student Embalmer	Signed	arma M. Colo
			etcenser jembalner No. 4375.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.